

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/505,915</td> </tr> <tr> <td>Filing Date</td> <td>02-17-2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Ronald A. Katz</td> </tr> <tr> <td>Title</td> <td>Commercial product routing system</td> </tr> <tr> <td>Art Unit</td> <td>2814</td> </tr> <tr> <td>Examiner Name</td> <td>Woo, Stella</td> </tr> <tr> <td>Attorney Docket Number</td> <td>6046-101D8</td> </tr> </table>	Application Number	09/505,915	Filing Date	02-17-2000	First Named Inventor	Ronald A. Katz	Title	Commercial product routing system	Art Unit	2814	Examiner Name	Woo, Stella	Attorney Docket Number	6046-101D8
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I hereby revoke all previous powers of attorney given in the above-identified application.

- ☐ A Power of Attorney is submitted herewith.
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- ☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
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- OR
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Practitioner(s) Name	Registration Number

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I am the:

- ☒ Applicant/Inventor.

OR

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/14/01
Name	Ronald A. KATZ	Telephone	(310) 247-8191
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☐ *Total of _____ forms are submitted.

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